



Indiana State Board of Nursing  
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Indianapolis, Indiana 46204

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Governor Mitchell E. Daniels, Jr.

### ANNUAL REPORT FOR PROGRAMS IN NURSING

**Guidelines:** An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

**Purpose:** To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

**Directions:** To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto:PLA2@PLA.IN.GOV). Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year)". For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN \_\_\_\_\_ ASN \_\_\_\_\_ BSN x \_\_\_\_\_

Dates of Academic Reporting Year: August 1, 2011 – May 31, 2012  
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Evansville

Address: 1800 Lincoln Avenue

Evansville, IN 47722

Dean/Director of Nursing Program

Name and Credentials: Amy M. Hall, RN, PhD, CNE

Title: Professor and Chair

Email: [ah169@evansville.edu](mailto:ah169@evansville.edu)

Nursing Program Phone #: 812-488-2343

Fax: 812-488-2717

Website Address: <http://www.evansville.edu/areasofstudy/nursing/>

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): N/A

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: NLNAC visit – spring of 2007; full accreditation, next visit in 8 years (spring, 2015)

If you are not accredited by NLNAC or CCNE where are you at in the process? \_\_\_\_\_

## SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- |   |                             |
|---|-----------------------------|
| 1) Change in ownership, legal status or form of control   | Yes _____ No <u>x</u> _____ |
| 2) Change in mission or program objectives  | Yes _____ No <u>x</u> _____ |
| 3) Change in credentials of Dean or Director  | Yes _____ No <u>x</u> _____ |
| 4) Change in Dean or Director   | Yes _____ No <u>x</u> _____ |
| 5) Change in the responsibilities of Dean or Director   | Yes _____ No <u>x</u> _____ |
| 6) Change in program resources/facilities – <b>addition of a new simulation lab</b>                 | Yes <u>x</u> _____ No _____ |
| 7) Does the program have adequate library resources?  | Yes <u>x</u> _____ No _____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes <u>x</u> _____ No _____ |
| 9) Major changes in curriculum (list if positive response)  | Yes _____ No <u>x</u> _____ |

## SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing x \_\_\_\_\_ Stable \_\_\_\_\_ Declining \_\_\_\_\_

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?

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2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes \_\_\_\_\_ No x \_\_\_\_\_

2B.) If not, explain how you assess student readiness for the NCLEX. Students take all the specialty HESI exams, a mid-curricular exam and the end of program exam – they remediate for all exams, retake specialty exams if they do not score at the benchmark and all take both versions of the end of program exam; in the senior year, the students select a faculty mentor who helps them identify areas of strengths and areas where students need to improve their knowledge; students meet with their mentors on a regular basis to review information; also students must earn a 75% (C-) average on all exams in all nursing courses in order to pass the course

2C.) If so, which exam(s) do you require?

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2D.) When in the program are comprehensive exams taken: Upon Completion x \_\_\_\_\_  
As part of a course x \_\_\_\_\_ Ties to progression or thru curriculum: yes – exams are taken throughout the curriculum; specialty exams given when students complete the appropriate course (for example, the leadership and community health HESI is taken in the fall of the senior year after students complete their leadership and community health courses)

2E.) If taken as part of a course, please identify course(s): mid-curricular exam: junior fall nursing courses; end of program exam: senior level medical surgical course; 8 specialty exams are given at appropriate times throughout the curriculum –

Fundamentals exam given after fundamentals course (fall sophomore year)

OB/maternity exam given after health families course (spring sophomore year)

Mental health nursing and midcurricular given after mental health course (fall junior year)

Medical-surgical, pediatric, and pharmacology given after med-surg/peds courses (spring junior year)

Leadership and community health exam given after leadership and public health courses (fall senior year)

Critical care exam given after advanced med-surg course (spring senior year)

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: it is difficult to find doctorally prepared nurses to teach nursing in Evansville; we really do not have issues with retention

B. Availability of clinical placements: Clinical placements are tight but we work together with area schools and hospitals to set clinical placements in January every year. This has really helped with communication and assignment of sites

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C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): N/A

4.) At what point does your program conduct a criminal background check on students?

In the sophomore year before entering clinicals and then every year after that until they graduate

5.) At what point and in what manner are students apprised of the criminal background check for your program?

Information about background checks is posted in the student handbook – all freshmen through seniors have access to the handbook and this information. Students are informed/reminded about need to do clinical background check just before final exams in the spring; receive email notifications throughout the summer; complete checks in the fall during the first week of school; if a student has a positive screen, he/she is informed of information on screen and appropriate follow up is initiated.

### SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year:

Summer 0 Fall 37 Spring 0

2.) Total number of graduates in academic reporting year:

Summer 0 Fall 0 Spring 30

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. N/A: We had no complaints in this year.

4.) Indicate the type of program delivery system:

Semesters x Quarters \_\_\_\_\_ Other (specify): \_\_\_\_\_

### SECTION 4: FACULTY INFORMATION

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

<b>Faculty Name:</b>	Alice Jean Hunt
<b>Indiana License Number:</b>	28073637A
<b>Full or Part Time:</b>	Adjunct – part time
<b>Date of Appointment:</b>	August 1, 2011

<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Physical assessment lab and community health clinical

<b>Faculty Name:</b>	Linda Kuhlenschmidt
<b>Indiana License Number:</b>	28107786A
<b>Full or Part Time:</b>	Adjunct – part time
<b>Date of Appointment:</b>	August 1, 2011
<b>Highest Degree:</b>	DNP
<b>Responsibilities:</b>	Physical assessment lab

<b>Faculty Name:</b>	Anita Hagan
<b>Indiana License Number:</b>	28095569A
<b>Full or Part Time:</b>	Adjunct – part time
<b>Date of Appointment:</b>	January 1, 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Pediatric clinicals

<b>Faculty Name:</b>	Amy Wall
<b>Indiana License Number:</b>	71003341B
<b>Full or Part Time:</b>	Adjunct – part time
<b>Date of Appointment:</b>	January 1, 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Maternal/child clinicals

<b>Faculty Name:</b>	Lisa Hensley
<b>Indiana License Number:</b>	28124791A
<b>Full or Part Time:</b>	Adjunct – part time
<b>Date of Appointment:</b>	January 1, 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical-surgical clinicals

**B. Total faculty teaching in your program in the academic reporting year:**

1. Number of full time faculty: 11 all teach in the classroom and clinical setting
2. Number of part time faculty: 0
3. Number of full time clinical faculty: see #1 above
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 11

**C. Faculty education, by highest degree only:**

1. Number with an earned doctoral degree: 5
2. Number with master's degree in nursing: 17
3. Number with baccalaureate degree in nursing: \_\_\_\_\_
4. Other credential(s). Please specify type and number: \_\_\_\_\_

**D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13?**

Yes x No \_\_\_\_\_

All faculty have minimum of masters in nursing; by semester, there are more full time than adjunct faculty who teach – for the entire year, 265 contact hours were taught by full time faculty; 104 contact hours were taught by adjunct faculty

**E. Please attach the following documents to the Annual Report in compliance with 848 IAC 1-2-23:**

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

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Signature of Dean/Director of Nursing Program

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Date

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Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

Definitions from CCNE:

**Potential Complainants**

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

**Guidelines for the Complainant**

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.



**Change in Programs/Facilities** – due to increased enrollment, we added another simulation lab to our physical resources – the lab has the capacity for 5 patient beds in addition to an area for instruction; Sim Junior and Noelle are located in this space

**Clinical facilities changes for 2011 – 2012:**

No additions to current sites

Sites no longer used during this time; sites were either not needed or no longer provided experiences that met students' learning needs:

Allergy & Asthma Care Center – Dr. Jason White – Evansville, IN

Matthew 25 Clinic – Henderson, KY

Maxim Health Care – Evansville, IN

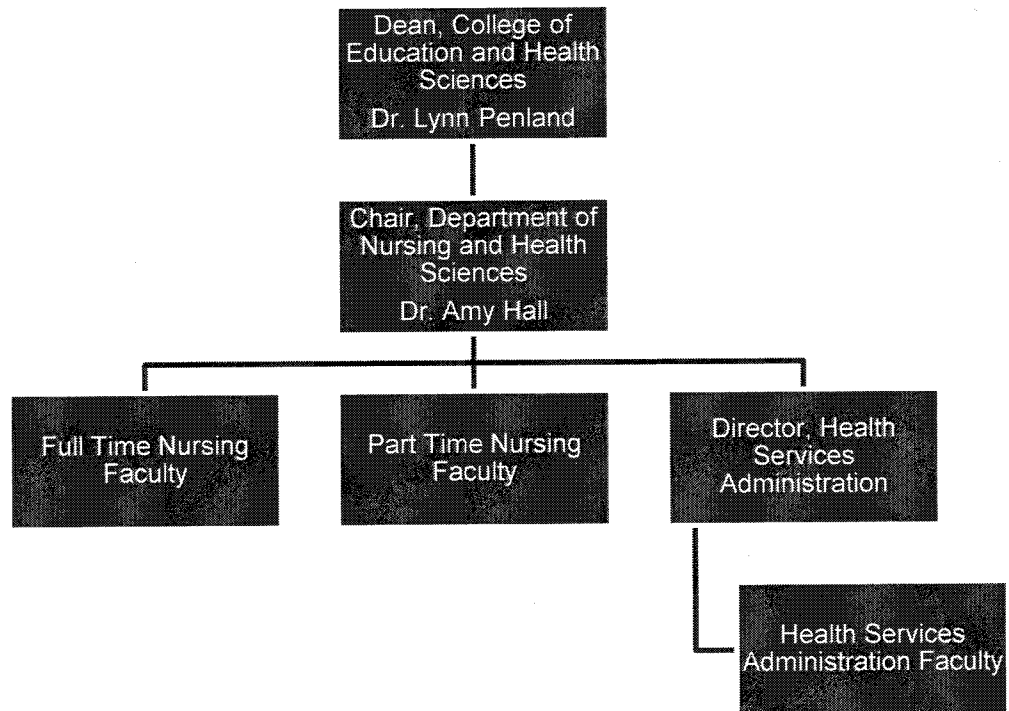
Need a Nurse – Evansville, IN

Tucker Family Practice – Evansville, IN

Evansville Surgery Center – Evansville, IN

1. A list of faculty no longer employed by the institution since the last Annual Report: note – all are adjunct faculty
  - a. Linda Phillips
  - b. Jeanne Ethridge
  - c. Lynn Schnautz
  - d. Diana McDaniels
  - e. Cherona Hajewski
  - f. Charlotte Niksch

2. An organizational chart for the nursing program and the parent institution.



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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Amy M. Hall RN PhD CNE

9/26/12

Signature of Dean/Director of Nursing Program

Date

Amy M. Hall RN PhD CNE

Printed Name of Dean/Director of Nursing Program

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